

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF OREGON

Case number (if known)

Chapter you are filing under:

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

George

First name

Middle name

Rodrigues, Jr.

Last name and Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):

Melinda

First name

Patricia

Middle name

Rodrigues

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-2029

xxx-xx-5522

About Debtor 1:

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

Include trade names and *doing business as* names

I have not used any business name or EINs.

Business name(s)

EINs

About Debtor 2 (Spouse Only in a Joint Case):

I have not used any business name or EINs.

FDBA Princess House

Business name(s)

80-0070651

EINs

5. Where you live

**27286 Orchard Rd.
Junction City, OR 97448**

Number, Street, City, State & ZIP Code

Lane

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain. (See 28 U.S.C. § 1408.)

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain. (See 28 U.S.C. § 1408.)

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

8. How you will pay the fee **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
 I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
 I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

No.
 Yes.

District _____ When _____ Case number _____
District _____ When _____ Case number _____
District _____ When _____ Case number _____

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

No
 Yes.

Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____

11. Do you rent your residence?

No. Go to line 12.
 Yes. Has your landlord obtained an eviction judgment against you?
 No. Go to line 12.
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

No. Go to Part 4.

Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a *small business debtor*?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

No. I am not filing under Chapter 11.

No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No.

Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

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If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

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I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?	16a. Are your debts primarily consumer debts? <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."		
	<input type="checkbox"/> No. Go to line 16b.		
	<input checked="" type="checkbox"/> Yes. Go to line 17.		
16b. Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.			
	<input type="checkbox"/> No. Go to line 16c.		
	<input type="checkbox"/> Yes. Go to line 17.		
16c. State the type of debts you owe that are not consumer debts or business debts			
<hr/>			
17. Are you filing under Chapter 7?	<input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.		
Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	<input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?		
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
18. How many Creditors do you estimate that you owe?	<input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
19. How much do you estimate your assets to be worth?	<input checked="" type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
20. How much do you estimate your liabilities to be?	<input type="checkbox"/> \$0 - \$50,000 <input checked="" type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ George Rodrigues, Jr.

George Rodrigues, Jr.

Signature of Debtor 1

/s/ Melinda Patricia Rodrigues

Melinda Patricia Rodrigues

Signature of Debtor 2

Executed on October 2, 2018
MM / DD / YYYY

Executed on October 2, 2018
MM / DD / YYYY

For your attorney, if you are represented by one

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Joyce Sobel

Signature of Attorney for Debtor

Date

October 2, 2018

MM / DD / YYYY

Joyce Sobel

Printed name

Joyce Sobel, Attorney at Law

Firm name

451 West Broadway #17

Eugene, OR 97401

Number, Street, City, State & ZIP Code

Contact phone

541-344-8085

Email address

jsluckey@aol.com

92467 OR

Bar number & State

United States Bankruptcy Court
District of Oregon

In re **George Rodrigues, Jr.**
Melinda Patricia Rodrigues

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	500.00
Prior to the filing of this statement I have received	\$	500.00
Balance Due	\$	0.00

2. The source of the compensation paid to me was:

Debtor Other (specify):

3. The source of compensation to be paid to me is:

Debtor Other (specify):

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

October 2, 2018

Date

/s/ Joyce Sobel

Joyce Sobel

Signature of Attorney

Joyce Sobel, Attorney at Law

451 West Broadway #17

Eugene, OR 97401

541-344-8085

jsluckey@aol.com

Name of law firm

UNITED STATES BANKRUPTCY COURT
DISTRICT OF OREGON

In re _____
George Rodrigues, Jr.
Melinda Patricia Rodrigues
Debtor(s) _____
) Case No. _____ (If Known)
) _____
) CHAPTER 7 INDIVIDUAL DEBTOR'S*
) STATEMENT OF INTENTION(S)
) PER 11 U.S.C. §521(a)

IMPORTANT NOTICES TO DEBTOR(S):

1. Complete, sign and file this form even if you have no debts secured by property of the estate or personal property subject to unexpired leases. If creditors are listed, make sure the certificate of service is completed.

2. Failure to perform the intentions as to property stated below within 30 days after the first date set for the Meeting of Creditors under 11 USC §341(a) may result in relief for the creditor from the Automatic Stay protecting such property.

PART A - Debts secured by property of the estate. (Part A must be fully completed for **each** debt which is secured by property of the estate. Attach additional pages if necessary.)

■ IF NONE - Check this box.

Property No. 1	Describe Property Securing Debt:	
Creditor's Name:		
Property will be (check one): <input type="checkbox"/> SURRENDERED <input type="checkbox"/> RETAINED		
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain (for example, avoid lien using 11 USC §522(f)) _____		
Property is (check one): <input type="checkbox"/> CLAIMED AS EXEMPT <input type="checkbox"/> NOT CLAIMED AS EXEMPT		

PART B - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

■ IF NONE - Check this box.

Property No. 1	Describe Leased Property:	
Lessor's Name:	Lease will be assumed pursuant to 11 USC §365(p)(2) <input type="checkbox"/> YES <input type="checkbox"/> NO	

Continuation sheets attached (if any).

I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INDICATES INTENTION AS TO ANY PROPERTY OF MY ESTATE SECURING A DEBT AND/OR PERSONAL PROPERTY SUBJECT TO AN UNEXPIRED LEASE.

DATE: October 2, 2018

/s/ George Rodrigues, Jr.

DEBTOR'S SIGNATURE

/s/ Melinda Patricia Rodrigues

JOINT DEBTOR'S SIGNATURE (If applicable)

I/WE, THE UNDERSIGNED, CERTIFY THAT COPIES OF BOTH THIS DOCUMENT AND LOCAL FORM #715 WERE SERVED ON ANY CREDITOR NAMED ABOVE.

DATE: October 2, 2018

/s/ Joyce Sobel

92467 OR

DEBTOR OR ATTORNEY'S SIGNATURE

OSB# (if attorney)

JOINT DEBTOR'S SIGNATURE (If applicable and no attorney)

Joyce Sobel 541-344-8085

PRINT OR TYPE SIGNER'S NAME & PHONE NO.

**451 West Broadway #17
Eugene, OR 97401**

SIGNER'S ADDRESS (if attorney)

NON-JUDICIAL REMEDY WHEN CONSUMER DEBTOR FAILS TO TIMELY PERFORM STATED INTENTIONS

Creditors, see Local Form #715 [attached if this document was served on paper] if you wish information on how to obtain non-judicial relief from the automatic stay of 11 U.S.C. §362(a) as to your collateral.

QUESTIONS????

Call an attorney with questions about these procedures or the law. However, only call the debtor's attorney if you have questions about the debtor's intent as to your collateral.

Fill in this information to identify your case:

Debtor 1	George Rodrigues, Jr.		
	First Name	Middle Name	Last Name
Debtor 2	Melinda Patricia Rodrigues		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF OREGON		
Case number (if known)			

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	\$ 0.00
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ 0.00
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ 14,568.48
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ 14,568.48

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	\$ 0.00
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ 0.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$ 1,200.00
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ 1,200.00
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$ 66,296.80
		Your total liabilities \$ 67,496.80

Part 3: Summarize Your Income and Expenses

4.	Schedule I: Your Income (Official Form 106I)	\$ 3,741.36
	Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ 3,741.36
5.	Schedule J: Your Expenses (Official Form 106J)	\$ 3,662.50
	Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$ 3,662.50

Part 4: Answer These Questions for Administrative and Statistical Records

- Are you filing for bankruptcy under Chapters 7, 11, or 13?
 No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
 Yes
- What kind of debt do you have?
 Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
 Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 **George Rodrigues, Jr.**
Debtor 2 **Melinda Patricia Rodrigues**

Case number (if known) _____

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 3,136.14

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>1,200.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u>0.00</u>
9g. Total. Add lines 9a through 9f.	\$ <u>1,200.00</u>

Fill in this information to identify your case and this filing:

Debtor 1	George Rodrigues, Jr.		
	First Name	Middle Name	Last Name
Debtor 2	Melinda Patricia Rodrigues		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF OREGON		
Case number			

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.
 Yes. Where is the property?

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No
 Yes

3.1 Make: **Nisan**
Model: **Versa**
Year: **2015**
Approximate mileage: **61,000**

**Location: 27286 Orchard Rd.,
Junction City OR 97448**

Who has an interest in the property? Check one

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$7,500.00

\$7,500.00

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No
 Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for
pages you have attached for Part 2. Write that number here.....=>

\$7,500.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

No

Yes. Describe.....

Various household goods and furnishings.

Location: 27286 Orchard Rd., Junction City OR 97448

\$2,000.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No

Yes. Describe.....

Various household electronics including flat screen, tv, record player, 2 laptops.

Location: 27286 Orchard Rd., Junction City OR 97448

\$600.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No

Yes. Describe.....

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No

Yes. Describe.....

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No

Yes. Describe.....

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No

Yes. Describe.....

Mens and womens clothing and accessories; shoes.

Location: 27286 Orchard Rd., Junction City OR 97448

\$150.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Yes. Describe.....

13. Non-farm animals

Examples: Dogs, cats, birds, horses

No

Yes. Describe.....

14. Any other personal and household items you did not already list, including any health aids you did not list

No

Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$2,750.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No

Yes.....

Cash in debtors' wallets. **\$75.00**

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No

Yes.....

Institution name:

17.1. Savings	Bank of America	\$5.54
17.2. Checking	Bank of America	\$96.45
17.3. Checking	Bank of the West	\$1.00
17.4. Checking	Bank of America	\$487.48
17.5. Checking	Bank of America	\$292.01

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No

Yes.....

Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

No

Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

No

Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No

Yes. List each account separately.

Type of account:

Institution name:

Pension	U.S. Office of Personal Management Retirement Services Program account, monthly retirement benefit. (\$585.60 net after health insurance deductions.)	\$965.00
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22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes.

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

No

Yes..... Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Yes.....

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

No

Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

No

Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Yes. Give specific information.....

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

Yes. Give specific information..

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No
 Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No
 Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

No
 Yes. Describe each claim.....

35. Any financial assets you did not already list

No
 Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$1,922.48

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.
 Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.
 Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No
 Yes. Give specific information.....

Debtor's Social Security monthly benefits income. **\$804.00**

Joint Debtor's Social Security benefits monthly income. **\$517.00**

Debtor's earned, unpaid wages at time of case filing. **\$625.00**

Joint Debtor's earned, unpaid wages at time of case filing. **\$450.00**

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$2,396.00

Debtor 1 **George Rodrigues, Jr.**
Debtor 2 **Melinda Patricia Rodrigues**

Case number (if known) _____

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2		\$0.00
56. Part 2: Total vehicles, line 5	\$7,500.00	
57. Part 3: Total personal and household items, line 15	\$2,750.00	
58. Part 4: Total financial assets, line 36	\$1,922.48	
59. Part 5: Total business-related property, line 45	\$0.00	
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00	
61. Part 7: Total other property not listed, line 54	\$2,396.00	
62. Total personal property. Add lines 56 through 61...	\$14,568.48	Copy personal property total
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$14,568.48

Fill in this information to identify your case:

Debtor 1	George Rodrigues, Jr.		
	First Name	Middle Name	Last Name
Debtor 2	Melinda Patricia Rodrigues		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF OREGON		
Case number (if known)			

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
2015 Nisan Versa 61,000 miles Location: 27286 Orchard Rd., Junction City OR 97448 Line from <i>Schedule A/B</i> : 3.1	\$7,500.00	<input checked="" type="checkbox"/> \$7,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(2)
Mens and womens clothing and accessories; shoes. Location: 27286 Orchard Rd., Junction City OR 97448 Line from <i>Schedule A/B</i> : 11.1	\$150.00	<input checked="" type="checkbox"/> \$150.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Cash in debtors' wallets. Line from <i>Schedule A/B</i> : 16.1	\$75.00	<input checked="" type="checkbox"/> \$75.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Savings: Bank of America Line from <i>Schedule A/B</i> : 17.1	\$5.54	<input checked="" type="checkbox"/> \$5.54 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Checking: Bank of America Line from <i>Schedule A/B</i> : 17.2	\$96.45	<input checked="" type="checkbox"/> \$96.45 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Checking: Bank of the West Line from <i>Schedule A/B: 17.3</i>	<u>\$1.00</u>	<input checked="" type="checkbox"/> \$1.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Checking: Bank of America Line from <i>Schedule A/B: 17.4</i>	<u>\$487.48</u>	<input checked="" type="checkbox"/> \$487.48 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Checking: Bank of America Line from <i>Schedule A/B: 17.5</i>	<u>\$292.01</u>	<input checked="" type="checkbox"/> \$292.01 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Pension: U.S. Office of Personal Management Retirement Services Program account, monthly retirement benefit. (\$585.60 net after health insurance deductions.) Line from <i>Schedule A/B: 21.1</i>	<u>\$965.00</u>	<input checked="" type="checkbox"/> \$965.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(12)
Debtor's Social Security monthly benefits income. Line from <i>Schedule A/B: 53.1</i>	<u>\$804.00</u>	<input checked="" type="checkbox"/> \$804.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(10)(A)
Joint Debtor's Social Security benefits monthly income. Line from <i>Schedule A/B: 53.2</i>	<u>\$517.00</u>	<input checked="" type="checkbox"/> \$517.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(10)(A)
Debtor's earned, unpaid wages at time of case filing. Line from <i>Schedule A/B: 53.3</i>	<u>\$625.00</u>	<input checked="" type="checkbox"/> \$468.75 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	15 U.S.C. § 1673
Debtor's earned, unpaid wages at time of case filing. Line from <i>Schedule A/B: 53.3</i>	<u>\$625.00</u>	<input checked="" type="checkbox"/> \$156.25 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Joint Debtor's earned, unpaid wages at time of case filing. Line from <i>Schedule A/B: 53.4</i>	<u>\$450.00</u>	<input checked="" type="checkbox"/> \$337.50 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	15 U.S.C. § 1673
Joint Debtor's earned, unpaid wages at time of case filing. Line from <i>Schedule A/B: 53.4</i>	<u>\$450.00</u>	<input checked="" type="checkbox"/> \$112.50 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Yes

Fill in this information to identify your case:

Debtor 1	George Rodrigues, Jr.		
	First Name	Middle Name	Last Name
Debtor 2	Melinda Patricia Rodrigues		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF OREGON		
Case number (if known)			

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below.

Fill in this information to identify your case:

Debtor 1	George Rodrigues, Jr.		
	First Name	Middle Name	Last Name
Debtor 2	Melinda Patricia Rodrigues		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF OREGON		
Case number (if known)			

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1 IRS	Last 4 digits of account number 5522	\$1,200.00	\$1,200.00
	Priority Creditor's Name Centralized Insolvency Operation P.O. Box 7346 Philadelphia, PA 19101-7346	When was the debt incurred? 4/2018	\$0.00
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify	
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	For: Personal income taxes for the tax year 2017.	

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Debtor 1 **George Rodrigues, Jr.**
Debtor 2 **Melinda Patricia Rodrigues**

Case number (if known)

4.1	BYL Collection Services Nonpriority Creditor's Name 301 Lacey St. West Chester, PA 19382 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 5726 When was the debt incurred? 8/1/2016 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify For: Southwest Gas Corp., consumer debt.	\$140.00
4.2	Caine & Weiner Nonpriority Creditor's Name P.O. Box 5010 Woodland Hills, CA 91365 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 1120 When was the debt incurred? 12/27/2016 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify For: Progressive Insurance account; consumer debt.	\$191.00
4.3	Capital One Bank USA, NA Nonpriority Creditor's Name P.O. Box 30281 Salt Lake City, UT 84130 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 2641 When was the debt incurred? 12/28/2006 - 10/6/2013 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify For: Three credit card accounts; consumer debt.	\$2,671.00

Debtor 1 **George Rodrigues, Jr.**
Debtor 2 **Melinda Patricia Rodrigues**

Case number (if known)

4.4	Capital One Bank USA, NA Nonpriority Creditor's Name P.O. Box 30281 Salt Lake City, UT 84130 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 2029 When was the debt incurred? 2017 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts For: Two credit card accounts; consumer debt. <input checked="" type="checkbox"/> Other. Specify	\$1,551.25
4.5	Check City Nonpriority Creditor's Name Dept. #10859 P.O. Box 1259 Oaks, PA 19456 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 3719 When was the debt incurred? 2018 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts For: Account; consumer debt. <input checked="" type="checkbox"/> Other. Specify	\$734.71
4.6	Check City Nonpriority Creditor's Name Dept. #10859 P.O. Box 1259 Oaks, PA 19456 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 9225 When was the debt incurred? 2018 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts For: Account; consumer debt. <input checked="" type="checkbox"/> Other. Specify	\$848.75

Debtor 1 **George Rodrigues, Jr.**
Debtor 2 **Melinda Patricia Rodrigues**

Case number (if known)

4.7	Cox Communications LV Nonpriority Creditor's Name P.O. Box 79175 Phoenix, AZ 85062-9175 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 5522 When was the debt incurred? 2016 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify For: Cox Communications account; consumer debt.	\$686.09
4.8	Credit Collection Services Nonpriority Creditor's Name Two Wells Ave. Newton Center, MA 02459 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 1436 When was the debt incurred? 4/5/15 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify For: Account; consumer debt.	\$214.06
4.9	Credit Control Corp. Nonpriority Creditor's Name P.O. Box 120570 Newport News, VA 23612-0570 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 6152 When was the debt incurred? 5/31/2016 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify For: Cox Communications account; consumer debt.	\$529.00

Debtor 1 **George Rodrigues, Jr.**
Debtor 2 **Melinda Patricia Rodrigues**

Case number (if known)

4.1
0

Direct Merchants Bank Payment Center Nonpriority Creditor's Name P.O. Box 60136 CA 91760-0136 Number Street City State Zip Code	Last 4 digits of account number 5522	\$595.12
Who incurred the debt? Check one.	When was the debt incurred? 2017	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	For: HSBC credit card account; consumer debt.	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Other. Specify For: HSBC credit card account; consumer debt.	
<input type="checkbox"/> Yes		

4.1
1

Diversified Consultants, Inc. Nonpriority Creditor's Name P.O. Box 551268 Jacksonville, FL 32255-1268 Number Street City State Zip Code	Last 4 digits of account number 0764	\$69.81
Who incurred the debt? Check one.	When was the debt incurred? 2017	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	For: Vantage account; consumer debt.	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Other. Specify For: Vantage account; consumer debt.	
<input type="checkbox"/> Yes		

4.1
2

Dr. Caviale, MD, P.C. Nonpriority Creditor's Name 201 E. Orangeburg, Suite F Modesto, CA 95350 Number Street City State Zip Code	Last 4 digits of account number 5522	\$100.00
Who incurred the debt? Check one.	When was the debt incurred? 2016	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	For: Medical services; consumer debt.	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Other. Specify For: Medical services; consumer debt.	
<input type="checkbox"/> Yes		

Debtor 1 **George Rodrigues, Jr.**
Debtor 2 **Melinda Patricia Rodrigues**

Case number (if known)

4.1
3

Dr. Guwndy, MD Nonpriority Creditor's Name Sacred Heart Medical Center 1255 Hilyard St. Eugene, OR 97401 Number Street City State Zip Code	Last 4 digits of account number 5522	\$19.70
Who incurred the debt? Check one.	When was the debt incurred? 2018	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input checked="" type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
<input type="checkbox"/> Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify For: Medical services; consumer debt.	

4.1
4

Dr. William P. Maier, MD Nonpriority Creditor's Name Rheumatology 633 E. 11th Ave. Eugene, OR 97401-3602 Number Street City State Zip Code	Last 4 digits of account number 5522	\$180.00
Who incurred the debt? Check one.	When was the debt incurred? 9/28/17	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input checked="" type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify For: Medical services; consumer debt.	

4.1
5

Eugene Emergency Physicians Nonpriority Creditor's Name P.O. Box 4078 Portland, OR 97208-4078 Number Street City State Zip Code	Last 4 digits of account number 5522	\$53.84
Who incurred the debt? Check one.	When was the debt incurred? 2018	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input checked="" type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify For: Medical services; consumer debt.	

Debtor 1 **George Rodrigues, Jr.**
Debtor 2 **Melinda Patricia Rodrigues**

Case number (if known) _____

4.1 6	First National Collection Bureau Nonpriority Creditor's Name 610 Waltham Way Sparks, NV 89434 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 0001 When was the debt incurred? 2/9/17 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify For: Cellico Partnership, Verizon Wireless; consumer debt.	\$251.70
4.1 7	First Physicians Choice Nonpriority Creditor's Name P.O. Box 9484 Los Angeles, CA 90074-8623 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 5522 When was the debt incurred? 2016 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify For: Medical services; consumer debt.	\$100.00
4.1 8	Geico Nonpriority Creditor's Name One Geico Center Macon, GA 31296 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 5522 When was the debt incurred? 2017 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify For: Geico insurance account; consumer debt.	\$250.53

Debtor 1 **George Rodrigues, Jr.**
Debtor 2 **Melinda Patricia Rodrigues**

Case number (if known)

4.1 9	Golden State Collections Nonpriority Creditor's Name 111 D'Arcy Parkway Lathrop, CA 95330 Number Street City State Zip Code	Last 4 digits of account number 5522	\$21.75
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	When was the debt incurred? 2017	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify For: Account; consumer debt.	
4.2 0	James Linville, DDS Nonpriority Creditor's Name 579 4th Ave. Gustine, CA 95322 Number Street City State Zip Code	Last 4 digits of account number 1173	\$65.00
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	When was the debt incurred? 2016	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify For: Eye glasses; consumer debt.	
4.2 1	Jefferson Capital System Nonpriority Creditor's Name 16 McLeland Rd. Saint Cloud, MN 56303 Number Street City State Zip Code	Last 4 digits of account number 5868	\$1,163.00
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	When was the debt incurred? 9/23/2013 - 1/27/2014	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify For: Gettington.com; consumer debt.	

Debtor 1 **George Rodrigues, Jr.**
Debtor 2 **Melinda Patricia Rodrigues**

Case number (if known)

4.2 2	Jefferson Capital System Nonpriority Creditor's Name 16 McLeland Rd. Saint Cloud, MN 56303 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 3312 When was the debt incurred? 12/1/2005 - 6/16/2017 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify For: Verizon wireless; consumer debt.	\$251.00
4.2 3	King Express Recovery Service Nonpriority Creditor's Name P.O. Box 26415 Salt Lake City, UT 84126 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 5522 When was the debt incurred? 2016 As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify For: Smiths Food; consumer debt.	\$78.71
4.2 4	Kohls Department Store Nonpriority Creditor's Name P.O. Box 3115 Milwaukee, WI 53201 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 0344 When was the debt incurred? 2/18/2008 - 9/26/2013 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify For: Charge card account, consumer debt.	\$1,171.00

Debtor 1 **George Rodrigues, Jr.**
Debtor 2 **Melinda Patricia Rodrigues**

Case number (if known) _____

4.2 5	Las Vegas Foot and Ankle Center Nonpriority Creditor's Name 2649 W. Horizon Ridge Pkwy Henderson, NV 89052 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 0473 When was the debt incurred? 2016 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify For: Medical services; consumer debt.	\$30.00
4.2 6	MCM Midland Credit Management, Inc. Nonpriority Creditor's Name 8875 Aero Dr., Suite 200 San Diego, CA 92123 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 1048 When was the debt incurred? 2017 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify For: Synchrony Bank/Walmart charge card account; consumer debt.	\$630.34
4.2 7	Merchants Credit Association Nonpriority Creditor's Name P.O. Box 505 Linden, MI 48451-0505 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 8724 When was the debt incurred? 3/21/17 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify For: Oregon Imaging Centers, LLC, medical services; consumer debt.	\$117.73

Debtor 1 **George Rodrigues, Jr.**
Debtor 2 **Melinda Patricia Rodrigues**

Case number (if known)

4.2 8	Metlife Auto & Home Nonpriority Creditor's Name P.O. Box 41753 Philadelphia, PA 19101 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 2130 When was the debt incurred? 2017 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify For: MetLife Auto Insurance account; consumer debt.	\$1,979.17
4.2 9	Midland Funding, LLC Nonpriority Creditor's Name 2365 Northside Dr., Ste. 300 San Diego, CA 92108 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 6077 When was the debt incurred? 9/27/2013 - 1/8/2014 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify For: Webbank charge account, consumer debt.	\$311.00
4.3 0	Midland Funding, LLC Nonpriority Creditor's Name 8875 Aero Dr., Ste. 200 San Diego, CA 92123-2255 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 6214 When was the debt incurred? 11/21/2013 - 7/10/2017 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify For: Credit One Bank, consumer debt.	\$861.12

Debtor 1 **George Rodrigues, Jr.**
Debtor 2 **Melinda Patricia Rodrigues**

Case number (if known) _____

4.3 1	Midland Funding, LLC Nonpriority Creditor's Name 8875 Aero Dr., Ste. 200 San Diego, CA 92123-2255 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 6552 When was the debt incurred? 12/29/2014 - 7/10/2017 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify For: Synchrony Bank charge card account; consumer debt.	\$630.00
4.3 2	Moneytree, Inc. Nonpriority Creditor's Name 890 South Boulder Hwy. Henderson, NV 89015 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 2029 When was the debt incurred? 2016 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify For: Payday loans account, consumer debt.	\$692.00
4.3 3	Monroe & Main Nonpriority Creditor's Name P.O. Box 2839 Clinton, WI 53666 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 8725 When was the debt incurred? 3/1/2012 - 9/14/2014 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify For: Credit card account; consumer debt.	\$4,487.00

Debtor 1 **George Rodrigues, Jr.**
Debtor 2 **Melinda Patricia Rodrigues**

Case number (if known)

4.3 4	<p>Newman Water Nonpriority Creditor's Name P.O. Box 787 Newman, CA 95360 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 5522</p> <p>When was the debt incurred? 2016</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify For: City of Newman; consumer debt.</p>	<p>\$160.00</p>
4.3 5	<p>North American Recovery Nonpriority Creditor's Name P.O. Box 271014 Salt Lake City, UT 84127 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 4604</p> <p>When was the debt incurred? 10/22/2010 - 7/16/2013</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify For: Merrick Bank Corporation credit card account; consumer debt.</p>	<p>\$1,800.00</p>
4.3 6	<p>Northwest Anesthesia Physicians P.C. Nonpriority Creditor's Name P.O. Box 7247 Springfield, OR 97475-0011 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 5522</p> <p>When was the debt incurred? 2018</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify For: Medical services; consumer debt.</p>	<p>\$311.85</p>

Debtor 1 **George Rodrigues, Jr.**
Debtor 2 **Melinda Patricia Rodrigues**

Case number (if known) _____

<p>4.3 7</p> <p>NV Energy Nonpriority Creditor's Name PO Box 30150 Reno, NV 89952 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>6940</u></p> <p>When was the debt incurred? <u>6/2/16</u></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>For: Nevada Energy services account; consumer debt.</u></p>	<p>\$129.79</p>	
<p>OAC Radiology Nonpriority Creditor's Name P.O. Box 371100 Milwaukee, WI 53237 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>		<p>Last 4 digits of account number <u>5522</u></p> <p>When was the debt incurred? <u>2018</u></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>For: Medical services; consumer debt.</u></p>	<p>\$100.00</p>
<p>Oregon Imaging Center Nonpriority Creditor's Name P.O. Box 25 Eugene, OR 97440-0025 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>		<p>Last 4 digits of account number <u>1621</u></p> <p>When was the debt incurred? <u>6/14/17</u></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>For: Medical services; consumer debt.</u></p>	<p>\$117.70</p>

Debtor 1 **George Rodrigues, Jr.**
Debtor 2 **Melinda Patricia Rodrigues**

Case number (if known)

4.4
0

Oregon Imaging Centers Nonpriority Creditor's Name P.O. Box 25 Eugene, OR 97440-0025 Number Street City State Zip Code	Last 4 digits of account number 5522	\$238.00
Who incurred the debt? Check one.	When was the debt incurred? 2018	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input checked="" type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	<input checked="" type="checkbox"/> Other. Specify For: Dr. Zawierucha Dariusz, MD, medical services; consumer debt.	
<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes		

4.4
1

Oregon Podiatry Clinic Nonpriority Creditor's Name 2201 Willamette St., D. Eugene, OR 97405 Number Street City State Zip Code	Last 4 digits of account number 5522	\$148.80
Who incurred the debt? Check one.	When was the debt incurred? 2018	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input checked="" type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	<input checked="" type="checkbox"/> Other. Specify For: Medical services; consumer debt.	
<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes		

4.4
2

Pacific Gas & Electric Bankruptcy Unit Nonpriority Creditor's Name P.O. Box 8329 Stockton, CA 95208 Number Street City State Zip Code	Last 4 digits of account number 5522	\$900.00
Who incurred the debt? Check one.	When was the debt incurred? 2016	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input checked="" type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	<input checked="" type="checkbox"/> Other. Specify For: Pacific Gas & Electric services account; consumer debt.	
<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes		

Debtor 1 **George Rodrigues, Jr.**
Debtor 2 **Melinda Patricia Rodrigues**

Case number (if known)

4.4 3	<p>Pathology Associates Nonpriority Creditor's Name P.O. Box 40580 Eugene, OR 97404-0091 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>4244</u></p> <p>When was the debt incurred? <u>2018</u></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>For: Medical services; consumer debt.</u></p>	<p style="text-align: right;">\$22.73</p>
4.4 4	<p>Pathology Consultants, PC Nonpriority Creditor's Name P.O. Box 72059 Springfield, OR 97475-0285 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>5522</u></p> <p>When was the debt incurred? <u>2018</u></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>For: Medical services; consumer debt.</u></p>	<p style="text-align: right;">\$22.73</p>
4.4 5	<p>PeaceHealth Nonpriority Creditor's Name P.O. Box 1600 Vancouver, WA 98668 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>2029</u></p> <p>When was the debt incurred? <u>2018</u></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>For: Medical services for several accounts, consumer debt.</u></p>	<p style="text-align: right;">\$5,051.46</p>

Debtor 1 **George Rodrigues, Jr.**
Debtor 2 **Melinda Patricia Rodrigues**

Case number (if known)

4.4
6

PeaceHealth Nonpriority Creditor's Name P.O. Box 748632 Los Angeles, CA 90070-8632 Number Street City State Zip Code	Last 4 digits of account number 5522	\$1,126.98
Who incurred the debt? Check one.	When was the debt incurred? 2018	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only	<input checked="" type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify For: Medical services; consumer debt.	

4.4
7

PeaceHealth Nonpriority Creditor's Name P.O. Box 1768 Vancouver, WA 98668-1768 Number Street City State Zip Code	Last 4 digits of account number 4339	\$51.41
Who incurred the debt? Check one.	When was the debt incurred? 4/28/17	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input checked="" type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify For: Medical services; consumer debt.	

4.4
8

PeaceHealth Nonpriority Creditor's Name P.O. Box 748632 Los Angeles, CA 90074-8632 Number Street City State Zip Code	Last 4 digits of account number 4745	\$1,020.61
Who incurred the debt? Check one.	When was the debt incurred? 3/21/18 - 4/4/18	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input checked="" type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify For: Medical services; consumer debt.	

Debtor 1 **George Rodrigues, Jr.**
Debtor 2 **Melinda Patricia Rodrigues**

Case number (if known)

4.4 9	Plus Four, Inc. Nonpriority Creditor's Name P.O. Box 95846 Las Vegas, NV 89193-5846 Number Street City State Zip Code	Last 4 digits of account number 6346	\$53.00
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify For: Southwest Medical Associates medical services, consumer debt.</p> <p><input type="checkbox"/> Yes</p>			
4.5 0	Portfolio Recovery Associates, LLC Nonpriority Creditor's Name 120 Corporate Blvd. Norfolk, VA 23502 Number Street City State Zip Code	Last 4 digits of account number 1121	\$595.00
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify For: HSBC Bank, Nevada, NA, credit card account; consumer debt.</p> <p><input type="checkbox"/> Yes</p>			
4.5 1	Portfolio Recovery Associates, LLC Nonpriority Creditor's Name 120 Corporate Blvd. Norfolk, VA 23502 Number Street City State Zip Code	Last 4 digits of account number 3558	\$302.00
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify For: GE Capital Retail Bank credit card account, consumer debt.</p> <p><input type="checkbox"/> Yes</p>			

Debtor 1 **George Rodrigues, Jr.**
Debtor 2 **Melinda Patricia Rodrigues**

Case number (if known) _____

4.5 2	<p>Portfolio Recovery Associates, LLC Nonpriority Creditor's Name 120 Corporate Blvd. Norfolk, VA 23502 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>8457</u></p> <p>When was the debt incurred? <u>12/22/2014 - 7/8/2017</u></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>For: Capital One Bank USA, NA credit card account; consumer debt.</u></p>	<p>\$673.00</p>
4.5 3	<p>Princess House Nonpriority Creditor's Name 470 Myles Standish Blvd. Taunton, MA 02780 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>2029</u></p> <p>When was the debt incurred? <u>2016</u></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>For: Accounts receivable, consumer debt.</u></p>	<p>\$919.52</p>
4.5 4	<p>Prithui Shankarm, MD, Inc. Nonpriority Creditor's Name 400 E, Orangeburg Ave., Ste. 3 Modesto, CA 95350 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>0749</u></p> <p>When was the debt incurred? <u>2016</u></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>For: Medical services for two accounts; consumer debt.</u></p>	<p>\$35.00</p>

Debtor 1 **George Rodrigues, Jr.**
Debtor 2 **Melinda Patricia Rodrigues**

Case number (if known)

4.5

Professional Credit Service Nonpriority Creditor's Name P.O. Box 7548 Springfield, OR 97475-0039 Number Street City State Zip Code	Last 4 digits of account number 3495	\$5,733.60
Who incurred the debt? Check one.	When was the debt incurred? 6/19/17	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	For: Peacehealth Medical Group, Northwest Surgical medical services; consumer debt.	
■ Other. Specify		

4.6

Professional Credit Service Nonpriority Creditor's Name P.O. Box 7548 Springfield, OR 97475-0039 Number Street City State Zip Code	Last 4 digits of account number 9952	\$13.06
Who incurred the debt? Check one.	When was the debt incurred? 4/21/17	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	For: Peacehealth Medical Group medical services; consumer debt.	
■ Other. Specify		

4.5

Professional Recovery Consultants Nonpriority Creditor's Name 2700 Meridian Parkway, Suite 200 Durham, NC 27713-2204 Number Street City State Zip Code	Last 4 digits of account number 5522	\$774.80
Who incurred the debt? Check one.	When was the debt incurred? 2017	
<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes	For: Dr. Stoneberry medical services; consumer debt.	
■ Other. Specify		

Debtor 1 **George Rodrigues, Jr.**
Debtor 2 **Melinda Patricia Rodrigues**

Case number (if known)

<p>4.5 8</p> <p>Quest Diagnostic Nonpriority Creditor's Name 1003 Medford Center Medford, OR 97504 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 5522</p> <p>When was the debt incurred? 2017</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>For: Quest Diagnostic services; consumer debt.</p> <p><input checked="" type="checkbox"/> Other. Specify For: Quest Diagnostic services; consumer debt.</p>	<p>\$10.00</p>	
<p>Radiology Associates, P.C. Nonpriority Creditor's Name P.O. Box 53 Eugene, OR 97440-0053 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>		<p>Last 4 digits of account number 5522</p> <p>When was the debt incurred? 2018</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>For: Medical services; consumer debt.</p> <p><input checked="" type="checkbox"/> Other. Specify For: Medical services; consumer debt.</p>	<p>\$25.00</p>
<p>Right Size Funding/Nevada West Financial Nonpriority Creditor's Name P.O. Box 94743 Las Vegas, NV 89139 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>		<p>Last 4 digits of account number 5522</p> <p>When was the debt incurred? 3/2/17</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>For: HLS of Nevada, for the Debtors' former 2012 Ford Fiesta vehicle; consumer debt.</p> <p><input checked="" type="checkbox"/> Other. Specify For: HLS of Nevada, for the Debtors' former 2012 Ford Fiesta vehicle; consumer debt.</p>	<p>\$14,111.07</p>

Debtor 1 **George Rodrigues, Jr.**
Debtor 2 **Melinda Patricia Rodrigues**

Case number (if known)

4.6 1	<p>Sears Credit Cards/Walmart Nonpriority Creditor's Name P.O. Box 78051 Phoenix, AZ 85062-8051 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 8942</p> <p>When was the debt incurred? 9/1/1978 - 1/7/2008</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify For: Charge card account; consumer debt.</p>	<p>\$1,595.00</p>
4.6 2	<p>Stellar Recovery Nonpriority Creditor's Name P.O. Box 48370 Jacksonville, FL 32247 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 1868</p> <p>When was the debt incurred? 11/23/2015 - 7/1/2017</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify For: Comcast two accounts, consumer debt.</p>	<p>\$874.56</p>
4.6 3	<p>SYNB/QVC Nonpriority Creditor's Name P.O. Box 965005 Orlando, FL 32896 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 3558</p> <p>When was the debt incurred? 9/3/2010 - 4/26/2013</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify For: Charge account, consumer debt.</p>	<p>\$558.00</p>

Debtor 1 **George Rodrigues, Jr.**
Debtor 2 **Melinda Patricia Rodrigues**

Case number (if known)

4.6 4	The CBE Group, Inc. Nonpriority Creditor's Name 131 Tower Park, DRI P.O. Box 900 Waterloo, IA 50704 Number Street City State Zip Code	Last 4 digits of account number 2767	\$991.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify For: PGE Energy services; consumer debt.			
4.6 5	The Hand Clinic, LLC Nonpriority Creditor's Name 743 Country Clun Rd. Eugene, OR 97401-6019 Number Street City State Zip Code	Last 4 digits of account number 2029	\$244.69
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify For: Medical services; consumer debt.			
4.6 6	Tracy Federal/Valley First Credit Union Nonpriority Creditor's Name P.O. Box 31279 Tampa, FL 33631-3273 Number Street City State Zip Code	Last 4 digits of account number 5522	\$400.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify For: Credit Union account; consumer debt.			

Debtor 1 **George Rodrigues, Jr.**
Debtor 2 **Melinda Patricia Rodrigues**

Case number (if known) _____

<p>4.6 7</p> <p>United Consumer Financial Service Nonpriority Creditor's Name 865 Bassett Rd. Westlake, OH 44145-1142 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 6580</p> <p>When was the debt incurred? 12/15/2012 - 9/24/2013</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>For: Installment sales contract, joint account; consumer debt.</p> <p><input checked="" type="checkbox"/> Other. Specify For: Installment sales contract, joint account; consumer debt.</p>	<p>\$2,704.00</p>	
<p>University Medical Ctr. Southern Nevada Nonpriority Creditor's Name 2001 Ramrod Ave. Henderson, NV 89014 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>		<p>Last 4 digits of account number 2029</p> <p>When was the debt incurred? 2016</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>For: Medical services, consumer debt.</p> <p><input checked="" type="checkbox"/> Other. Specify For: Medical services, consumer debt.</p>	<p>\$948.00</p>
<p>USAA Auto Insurance Nonpriority Creditor's Name 9800 Fredrickburg San Antonio, TX 78288 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>		<p>Last 4 digits of account number 2969</p> <p>When was the debt incurred? 2018</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>For: Auto insurance account; consumer debt.</p> <p><input checked="" type="checkbox"/> Other. Specify For: Auto insurance account; consumer debt.</p>	<p>\$238.00</p>

Debtor 1 **George Rodrigues, Jr.**
Debtor 2 **Melinda Patricia Rodrigues**

Case number (if known) _____

4.7 0	Valley First Credit Union Nonpriority Creditor's Name P.O. Box 1411 Modesto, CA 95353-1411 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 0002 When was the debt incurred? 8/1/2006 - 4/30/2014 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts For: Credit card joint account, consumer debt. <input checked="" type="checkbox"/> Other. Specify _____	\$651.00
4.7 1	Verizon/EOS CCA Nonpriority Creditor's Name 700 Norwell Norwell, MA 02061 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 5522 When was the debt incurred? 2018 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts For: Communication services; consumer debt. <input checked="" type="checkbox"/> Other. Specify _____	\$100.00
4.7 2	Webbank/Fingerhut Nonpriority Creditor's Name 6250 Ridgewood ROA Saint Cloud, MN 56303 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 4290 When was the debt incurred? 10/30/2009 - 6/9/17 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts For: Webbank/Fingerhut charge account; consumer debt. <input checked="" type="checkbox"/> Other. Specify _____	\$656.00

4.7 3	Wells Fargo Bank	Last 4 digits of account number	8775	\$214.06
Nonpriority Creditor's Name P.O. Box 5058 MAC: P6053-021 Portland, OR 97208-5058		When was the debt incurred?	3/28/2015	
Number Street City State Zip Code				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Other. Specify _____				
As of the date you file, the claim is: Check all that apply Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
For: Wells Fargo Bank account; consumer debt.				

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	6a. Domestic support obligations	6a. \$ 0.00
	6b. Taxes and certain other debts you owe the government	6b. \$ 1,200.00
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$ 0.00
Total claims from Part 2	6e. Total Priority. Add lines 6a through 6d.	6e. \$ 1,200.00
	6f. Student loans	6f. \$ 0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ 0.00
6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ 66,296.80	
	6j. Total Nonpriority. Add lines 6f through 6i.	6j. \$ 66,296.80

Fill in this information to identify your case:

Debtor 1	George Rodrigues, Jr.		
	First Name	Middle Name	Last Name
Debtor 2	Melinda Patricia Rodrigues		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF OREGON		
Case number (if known)			

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease			State what the contract or lease is for
	Name, Number, Street, City, State and ZIP Code			
2.1	Name			
	Number	Street		
	City	State	ZIP Code	
2.2	Name			
	Number	Street		
	City	State	ZIP Code	
2.3	Name			
	Number	Street		
	City	State	ZIP Code	
2.4	Name			
	Number	Street		
	City	State	ZIP Code	
2.5	Name			
	Number	Street		
	City	State	ZIP Code	

Fill in this information to identify your case:

Debtor 1	George Rodrigues, Jr.		
	First Name	Middle Name	Last Name
Debtor 2	Melinda Patricia Rodrigues		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF OREGON		
Case number (if known)			

Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

No
 Yes.

In which community state or territory did you live? -NONE- . Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent
Number, Street, City, State & Zip Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor
Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.1

Name _____
Number _____ Street _____ State _____ ZIP Code _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

3.2

Name _____
Number _____ Street _____ State _____ ZIP Code _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

Fill in this information to identify your case:

Debtor 1	<u>George Rodrigues, Jr.</u>
Debtor 2 (Spouse, if filing)	<u>Melinda Patricia Rodrigues</u>
United States Bankruptcy Court for the:	<u>DISTRICT OF OREGON</u>
Case number (If known)	

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	<u>Driver</u>	<u>Cashier</u>
Employer's name	<u>Enterprise Holding</u>	<u>Walmart</u>
Employer's address	<u>20400 SW Teton Ave. Tualatin, OR 97062-8812</u>	<u>702 S.W. 8th St. Bentonville, AR 72716</u>

How long employed there? 4 yrs., 6 months 1 year, 3 months

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>1,250.00</u>	\$ <u>900.00</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>1,250.00</u>	\$ <u>900.00</u>

Copy line 4 here	For Debtor 1	For Debtor 2 or non-filing spouse	
4. <u>1,250.00</u>	<u>1,250.00</u>	<u>900.00</u>	
<p>5. List all payroll deductions:</p> <p>5a. Tax, Medicare, and Social Security deductions <u>189.31</u> <u>123.11</u> 5b. Mandatory contributions for retirement plans <u>0.00</u> <u>0.00</u> 5c. Voluntary contributions for retirement plans <u>0.00</u> <u>0.00</u> 5d. Required repayments of retirement fund loans <u>0.00</u> <u>0.00</u> 5e. Insurance <u>0.00</u> <u>0.00</u> 5f. Domestic support obligations <u>0.00</u> <u>0.00</u> 5g. Union dues <u>0.00</u> <u>0.00</u> 5h. Other deductions. Specify: United Way <u>2.82</u> + <u>0.00</u></p>			
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. <u>192.13</u> <u>123.11</u>	<u>192.13</u>	<u>123.11</u>	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4. <u>1,057.87</u> <u>776.89</u>	<u>1,057.87</u>	<u>776.89</u>	
<p>8. List all other income regularly received:</p> <p>8a. Net income from rental property and from operating a business, profession, or farm <u>0.00</u> <u>0.00</u> Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.</p> <p>8b. Interest and dividends <u>0.00</u> <u>0.00</u></p> <p>8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive <u>0.00</u> <u>0.00</u> Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.</p> <p>8d. Unemployment compensation <u>0.00</u> <u>0.00</u></p> <p>8e. Social Security <u>804.00</u> <u>517.00</u></p> <p>8f. Other government assistance that you regularly receive <u>0.00</u> <u>0.00</u> Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____</p> <p>8g. Pension or retirement income <u>585.60</u> <u>0.00</u></p> <p>8h. Other monthly income. Specify: _____ <u>0.00</u> + <u>0.00</u></p>			
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. <u>1,389.60</u> <u>517.00</u>	<u>1,389.60</u>	<u>517.00</u>	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. <u>2,447.47</u> + <u>1,293.89</u> = <u>3,741.36</u>	<u>2,447.47</u>	<u>1,293.89</u>	<u>3,741.36</u>
<p>11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____</p> <p>11. +\$ <u>0.00</u></p>			
<p>12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i>, if it applies</p> <p>12. <u>3,741.36</u> Combined monthly income</p>			
<p>13. Do you expect an increase or decrease within the year after you file this form?</p> <p><input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____</p>			

Fill in this information to identify your case:

Debtor 1 **George Rodrigues, Jr.**

Debtor 2 **Melinda Patricia Rodrigues**
(Spouse, if filing)

United States Bankruptcy Court for the: **DISTRICT OF OREGON**

Case number
(If known)

Check if this is:

- An amended filing
- A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J
Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. **Is this a joint case?**

No. Go to line 2.

Yes. **Does Debtor 2 live in a separate household?**

No

Yes. Debtor 2 must file Official Form 106J-2, *Continuation of Statement for Joint Cases*.

2. Do you have dependents? No

Do not list Debtor 1 and Debtor 2. **Yes.** Fill out this information for each dependent.....

Do not state the dependents names.

**Dependent's relationship to
Debtor 1 or Debtor 2**

Dependent's
age

Does dependent live with you?

- No
- Yes
- No
- Yes
- No
- Yes
- No
- Yes

3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

4. **The rental or home ownership expenses for your residence.** Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ **800.00**

If not included in line 4:		
4a.	Real estate taxes	4a. \$ 0.00
4b.	Property, homeowner's, or renter's insurance	4b. \$ 0.00
4c.	Home maintenance, repair, and upkeep expenses	4c. \$ 150.00
4d.	Homeowner's association or condominium dues	4d. \$ 0.00
5.	Additional mortgage payments for your residence , such as home equity loans	5. \$ 0.00

Debtor 1 **George Rodrigues, Jr.**
Debtor 2 **Melinda Patricia Rodrigues**

Case number (if known) _____

6. Utilities:

6a. Electricity, heat, natural gas	6a. \$ 150.00
6b. Water, sewer, garbage collection	6b. \$ 24.50
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ 238.00
6d. Other. Specify: _____	6d. \$ 0.00

7. Food and housekeeping supplies

8. Childcare and children's education costs

9. Clothing, laundry, and dry cleaning

10. Personal care products and services

11. Medical and dental expenses

12. Transportation. Include gas, maintenance, bus or train fare.

Do not include car payments.

13. Entertainment, clubs, recreation, newspapers, magazines, and books

14. Charitable contributions and religious donations

15. Insurance.

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance	15a. \$ 0.00
15b. Health insurance	15b. \$ 0.00
15c. Vehicle insurance	15c. \$ 168.00
15d. Other insurance. Specify: _____	15d. \$ 0.00

16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: **IRS**

16. \$ **50.00**

17. Installment or lease payments:

17a. Car payments for Vehicle 1	17a. \$ 0.00
17b. Car payments for Vehicle 2	17b. \$ 0.00
17c. Other. Specify: _____	17c. \$ 0.00
17d. Other. Specify: _____	17d. \$ 0.00

18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).

19. Other payments you make to support others who do not live with you.

Specify: _____

19. \$ **0.00**

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. Mortgages on other property	20a. \$ 0.00
20b. Real estate taxes	20b. \$ 0.00
20c. Property, homeowner's, or renter's insurance	20c. \$ 0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$ 0.00
20e. Homeowner's association or condominium dues	20e. \$ 0.00

21. Other: Specify: **Debtor's expenses/meals while working as a driver**

21. +\$ **280.00**

22. Calculate your monthly expenses

22a. Add lines 4 through 21.

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22c. Add line 22a and 22b. The result is your monthly expenses.

\$ **3,662.50**

\$ **3,662.50**

\$ **3,662.50**

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ **3,741.36**

23b. Copy your monthly expenses from line 22c above.

23b. -\$ **3,662.50**

23c. Subtract your monthly expenses from your monthly income.

23c. \$ **78.86**

The result is your monthly net income.

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here: _____

Fill in this information to identify your case:

Debtor 1	George Rodrigues, Jr.		
	First Name	Middle Name	Last Name
Debtor 2	Melinda Patricia Rodrigues		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF OREGON		
Case number (if known)			

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

/s/ George Rodrigues, Jr.

George Rodrigues, Jr.

Signature of Debtor 1

Date October 2, 2018

/s/ Melinda Patricia Rodrigues

Melinda Patricia Rodrigues

Signature of Debtor 2

Date October 2, 2018

Fill in this information to identify your case:

Debtor 1	George Rodrigues, Jr.		
	First Name	Middle Name	Last Name
Debtor 2	Melinda Patricia Rodrigues		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF OREGON		
Case number (if known)			

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Address:	Dates Debtor 2 lived there
601 Cabrillo Circle, Unit 862 Henderson, NV 89015-6098	From-To: 7/28/2014 - 4/29/2016	■ Same as Debtor 1	■ Same as Debtor 1 From-To:

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No
 Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$10,587.48 <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
		\$8,330.06

	Debtor 1 Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Debtor 2 Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2017)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$14,507.53	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$7,246.69
For the calendar year before that: (January 1 to December 31, 2016)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$26,821.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$0.00

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No
 Yes. Fill in the details.

	Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	Social Security Benefits	\$8,040.00	Social Security Benefits	\$2,068.00
	Retirement Income	\$9,650.00		
For last calendar year: (January 1 to December 31, 2017)	Social Security Benefits	\$11,051.00		
	Retirement Income	\$10,702.44		
For the calendar year before that: (January 1 to December 31, 2016)	Social Security Benefits	\$11,333.00		
	Retirement Income	\$11,064.35		

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

No. Go to line 7.
 Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
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7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
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8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
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Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
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10. **Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

No. Go to line 11.

Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property
Right Size Funding/Nevada West Financial P.O. Box 94743 Las Vegas, NV 89139	Explain what happened 2012 Fiesta vehicle	2/20/2017	\$4,400.00

Property was repossessed.
 Property was foreclosed.
 Property was garnished.
 Property was attached, seized or levied.

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No
 Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
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12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No
 Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
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14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value
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Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
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Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No
 Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Joyce Sobel, Attorney at Law 451 West Broadway #17 Eugene, OR 97401 jslucky@aol.com	Attorney Fees	August 10, 2018	\$500.00

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Abacus Credit Counseling 17337 Ventura Blvd., Ste. 205 Encino, CA 91316 abacuscc.org	First Course Required Course Certificates of Completion for debtors.	9/29/2018	\$40.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?
 Do not include any payment or transfer that you listed on line 16.

No
 Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
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18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No
 Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No
 Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
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Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No
 Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No
 Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No
 Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No
 Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
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Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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25. Have you notified any governmental unit of any release of hazardous material?

No
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No
 Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
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Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
 A member of a limited liability company (LLC) or limited liability partnership (LLP)

A partner in a partnership
 An officer, director, or managing executive of a corporation
 An owner of at least 5% of the voting or equity securities of a corporation
 No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.
Princess House 27286 Orchard Rd. Junction City, OR 97448	Kitchen housewares Joint Debtor/self-prepared	Dates business existed EIN: 80-0070651 From-To February, 1980 - April, 2016

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No
 Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
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Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ **George Rodrigues, Jr.**
George Rodrigues, Jr.
Signature of Debtor 1

Date October 2, 2018

/s/ **Melinda Patricia Rodrigues**
Melinda Patricia Rodrigues
Signature of Debtor 2

Date October 2, 2018

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No
 Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,
and

Your debts are primarily consumer debts.
Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

\$245	filings fee
\$75	administrative fee
<u>+</u>	<u>\$15</u> trustee surcharge
\$335 total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167		filing fee		
+		\$550	administrative fee	
		\$1,717		total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

\$200	filing fee
+ \$75	<u>administrative fee</u>
	\$275 total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

\$235	filing fee
+ \$75	<u>administrative fee</u>
	\$310 total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_form_s.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.